Not Seeing Anyone There:

The Under-representation of Researchers of Black Heritage in Primary Care Research Leadership in England

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DISCLOSURE

AFA-B and RKA are primary care researchers of Black heritage.

EXECUTIVE SUMMARY

Despite broader improvements in ethnic diversity across higher education and healthcare research, researchers of Black heritage remain disproportionately absent from senior academic roles. Only 1% of professors in UK universities identify as being of Black heritage, and within academic primary care, representation is even more limited.

Commissioned by the NIHR School for Primary Care Research, this project explored the perspectives of researchers and academic leaders in primary care across England on representation and career progression among researchers of Black heritage. Qualitative interviews were conducted with 25 respondents, including 18 researchers of Black heritage and 7 senior academic leaders.

Our findings reveal that while some researchers benefited from supportive mentors and serendipitous opportunities in their career journeys, many faced systemic challenges, including limited opportunities for advancement, structural racism, and a lack of visibility within their institutions. Respondents consistently perceived a lack of representation, particularly at senior levels, which affected their sense of belonging and aspirations. Respondents suggested that barriers to progression included:

- Structural and systemic inequities, such as socioeconomic challenges and historical mistrust in institutions.
- Racism and discrimination, including microaggressions, stereotypes, and colourism.
- Academic culture, which was described as hierarchical, opaque, and potentially exclusionary.
- Challenges faced by international researchers, including visa issues and cultural adjustment.
- Psychological factors, such as imposter syndrome.

Despite these challenges, several facilitators of progression were identified. These included:

- Tailored training and support, such as contextualised learning and development pathways for researchers, and training on racism and discrimination for leaders.
- Proactive leadership, including recruitment of inclusive, altruistic leaders who provide shadowing and progression opportunities.
- Mentorship, coaching, and sponsorship, to help navigate the academic system, explore opportunities, and aid career progression.
- Networking opportunities, such as provision of safe spaces for sharing successes and challenges.
- Learning from successful diversity initiatives in other disciplines, including targeted funding calls.
- Increasing visibility of role models of Black heritage to inspire future researchers.

Our report recommends actions to address these disparities and to set appropriate national targets for the appointment of people of Black heritage to more senior academic posts in primary care, including

at chair level. Actions include developing mentorship and sponsorship programmes tailored to sociocultural contexts, and increasing outreach to and promoting interest in research among young people of Black heritage. Institutional support, such as visa assistance and leadership training, as well as funding schemes and merit-based, inclusive career development strategies, is required. Promoting visibility through storytelling, public engagement, and profiling of exemplary primary care researchers of Black heritage for role modelling is also essential.

INTRODUCTION

The United Kingdom (UK) has achieved incremental advances in ethnic diversity across higher education and the health sector; however, representation of people of Black heritage (defined as Black African, Black Caribbean or Other Black background) remains disproportionately low, especially at senior academic and leadership levels. Data shows staff from Black, Asian, and minority ethnic groups comprised about 20% of UK university employees in 2022–23 (1). Additionally, the proportion of non-UK Black staff increased from 5.3% in 2021/22 to 6.2% in 2022/23. However, when examining seniority, the figures are stark, with less than 1% of professors in UK higher education identifying as Black in 2022/2023 (i.e., 210 Black professors out of over 23,500 total professors) (2). This means that, despite gains in overall diversity, Black academics remain among the most underrepresented in the professoriate.

Although there is growing recognition of the structural barriers that hinder the progression of Black academics and innovative schemes recently established by major leading institutions[1] to bridge this gap (3,4,5), there is a lack of evidence specifically focused on academic primary care. Understanding the lived experiences of Black researchers in academic primary care is, therefore, essential for identifying the barriers and facilitators to career advancement and to informing practical, context-sensitive strategies for change.

This study was commissioned by the Board of the NIHR School for Primary Care Research (SPCR) to address a critical evidence gap concerning the representation of researchers of Black heritage within academic primary care, particularly in leadership positions. The initial project proposal included a survey to quantify representation and explore career trajectories. However, the limited number of researchers of Black heritage across primary care departments made this approach unfeasible due to institutions' data protection concerns. Specifically, the sparse distribution of researchers across institutions posed a significant risk of individual identification, thereby compromising confidentiality.

In response to these constraints, the study design was adapted to employ qualitative methods alone, enabling a more nuanced exploration of representation and career progression. Hence, the aim of the study was to generate contextually grounded insights into the underrepresentation of researchers of Black heritage in academic primary care by exploring their perspectives and experiences, and to inform strategies for enhancing diversity and inclusion within the field.

Specifically, the study's objectives were:

- To explore the perceptions of researchers of Black heritage working at various levels within academic primary care on issues of underrepresentation.
- To examine the career experiences of researchers of Black heritage, with particular attention to pathways to progression.

[1] Wellcome and The Royal Society's Career Development Fellowships targeted at researchers of Black Heritage, and the 100 Black Women Professors now initiative by the Women in Higher Education Network

- To identify and map perceived barriers and facilitators to career advancement, including progression to senior academic roles such as Chair or Professor.

We present our findings in relation to these objectives and their synthesis to suggest recommendations on strategies that could be employed to address the underrepresentation of researchers of Black heritage in academic primary care.

METHODS

We conducted semi-structured qualitative interviews with primary care researchers of Black heritage and senior academic leaders. One-to-one interviews were preferred over other methods, such as focus groups, because of the depth of personal reflection we sought from each respondent (6). The University of Nottingham Faculty of Medicine and Health Sciences Research Ethics Committee approved the study (FMHS 218-0624).

We aimed to obtain diverse perceptions from respondents with respect to the representation of researchers of Black heritage in UK primary care research; therefore, our recruitment focused on two main groups within the study population. The first group constituted individuals involved in primary care research who self-identified as being of Black heritage (i.e., Black African, Black Caribbean or Other Black background). We invited individuals at any level of academia, from doctoral (PhD) students to professors working full or part-time in a UK institution and with any form of contractual commitment to their research institutions.

The second group constituted individuals identified by the research team as directors, research group leads, and heads of departments and units (referred to in this report as senior academic leaders), where primary care research is conducted in an institution within England. These individuals are usually responsible for leading core research strategies and guiding their teams on achieving collective goals. They may or may not be involved in recruitment processes.

To recruit respondents, the research team advertised the study through multiple avenues. For example, via mailing lists within primary care departments, newsletters for SPCR and the Society for Academic Primary Care, social media platforms such as LinkedIn and word-of-mouth. For both groups (researchers of Black heritage and senior academic leaders), we employed purposive sampling after recruitment to invite interested individuals to participate in our study (7). Snowball sampling (8) was also employed by requesting respondents to connect the research team to other researchers of Black heritage and/or senior leaders in academic primary care. All respondents included in the study gave informed consent prior to interviews, following clarifications on voluntary participation, anonymity and confidentiality, and the right to withdraw from the study.

All interviews were conducted online, using Microsoft Teams, with each lasting about 49 minutes (ranging from 30 to 69 minutes). Audio recordings were transcribed using a transcription service approved by the University of Nottingham, ensuring confidentiality in handling and disclosure of data. Each transcript was stored in a password-protected folder after all identifiable data had been removed.

Data were coded both deductively - according to a priori themes (based on objectives and discussion topics) - and inductively (9). Initial readings of the transcripts facilitated familiarisation and led to the generation of initial codes. Further reading and immersion resulted in more substantive themes and sub-themes, resulting in the generation of an analytical framework. Data were then indexed according to the identified thematic framework. A sub-sample of data was also double-coded to ensure the validity of interpretations.

FINDINGS

Characteristics of Respondents

We conducted interviews with 18 researchers who self-identified as being of Black heritage, representing a range of career stages, from predoctoral researchers to professors. Although the majority of respondents here were actively engaged in primary care research at the time of the study, a few others had been previously involved in primary care research. However, none of the researchers of Black heritage interviewed had ever been a Professor or Chair of Primary Care. In parallel, we interviewed 7 professors who were currently leaders or heads of academic primary care departments in England.

Respondents	**Numbers**
Researchers of Black heritage	
Early career including doctoral (PhD) students	10 (56%)
Mid-career	5 (28%)
Senior career	3 (17%)
Sub total	**18**
Senior academic leaders	7
Total respondents	**25**

Early-career responders include doctoral (PhD) students, Research Associates, Research Fellows

Mid-career responders were the equivalent of Assistant Professors, Lecturers, Senior Research Fellows and Associate Professors.

Senior academic leaders include Directors, Research Group Leads, and Heads of Departments/Units. The career description for this group is not provided, as this could potentially make the respondents identifiable.

In our presentation of findings below, careful consideration was given to the protection of the identities of all respondents. As such, pseudonyms have been used (i.e., R – researcher of Black heritage, SL – senior academic leader), and no specific university names or groupings have been included. Additionally, some of the direct quotations included in our findings below have been edited for brevity and to improve clarity. Where this has been done, we depict the omitted portion with three full stops (…). Where we have had to rephrase portions of a quotation for confidentiality reasons, the rephrased portion is captured within square brackets ([]).

Themes

Experiences of career progression

We considered the accounts of career progression of respondents of Black heritage to identify factors that may have facilitated their journey into academic primary care. These researchers had diverse

motivations for pursuing research careers. Some were motivated by certain topics that could be explored using research, while others were passionate about making a difference within primary care:

> *"I wanted to make a change, I've always had an interest in asking questions and finding out answers and I guess I wanted to be a part of making a difference, and I think you can do so on a larger scale, particularly in primary care research." P016 (R)*

Other respondents appreciated increasing the evidence base to positively influence people's lives and were passionate about recruiting the right people for studies, while some mentioned the need to inform medical decisions through research. For more than a few, a research career occurred by happenstance.

Generally, respondents' experiences on career progression were diverse and nuanced, evidencing the multiple routes that Black researchers traverse within academic primary care. Some respondents described nurturing early research environments supported by their line managers, which sometimes helped buffer periods of uncertainty in later years. Some respondents who began their careers outside the UK described experiencing an upward adjustment when they moved, due to contextual differences. One respondent summed it up for most, saying:

> *"… In research, it's been interesting, it's been rewarding but… challenging as well." P05 (R)*

For many respondents, there were serendipitous occurrences stemming from supportive line managers, tutors, supervisory teams and research groups which propelled them into a career in research, then in academic primary care. For instance, one researcher shared an example of support received from a clinician when asked how they began their research career:

> *"… at the end of the GP training [I] got linked with a primary care department by one of the clinicians I worked with, who was really supportive. …, so he got in touch with the Primary Care Team, they were obviously very supportive. I did a very short placement with them during my GP training, finished a small project that I presented at the SAPC at the time, so the School for Academic Primary Care, so I got funded to present that. Just as I was finishing my GP training an opportunity came for an academic clinical lectureship, NIHR funded, so I applied for that.*
>
> *They got in touch with me telling me all this, this opening, "Do you want to apply for it?" I did, did the interview, then got into academia obviously in primary care. …, so I did four years of that, …. Was out of funding for a while, then one of the professors, [professor's name], had some opportunities within some of his programme grant for me to get me on some of his projects…" P018 (R)*

However, for some other respondents, there was the perception that they may be limited in the opportunities they are offered, even though they are qualified for these:

> *"Essentially I've been trying to do a PhD for a little while for two reasons, one is that my MD that I did abroad ..., there's some difficulty in recognising it here, so to speak. So normally if you have an MD you can start to apply for post-doc, but the process for recognising it has been a bit challenging, so I'm trying to do a PhD so I can move on with my academic career. And being a clinician it's very difficult ... So, what I've done is taken a step back to doing predoctoral fellowships and I think this will be my third or fourth one. So, all to kind of refine your research idea and improve your profile, increase publications, that sort of thing, to then be more competitive next time.*
>
> *... as an international medical graduate... you don't have the same footing as others who started their careers here, and who maybe have had the time to get acquainted with the system and know where the opportunities are, have that network already in place, which you're building later on in career ..." P011 (R)*

Perceptions of representation

Despite the varied experiences in career progression, all respondents consistently perceived a marked underrepresentation of researchers of Black heritage across various career stages within academic primary care. Where representation was perceived, it tended to be at more junior levels of academic primary care, such as among doctoral students or research associates/fellows. Inadequate representation was particularly pronounced at senior levels, leading some respondents of Black heritage to question their sense of belonging and future prospects within the field.

> *"Again, if you don't see people who look like you doing a particular role, you don't really think you belong there. Applying for an academic role you kind of think, "Well, it's not for me, it's for them," so I think to a large extent there's not much representation..." P018 (R)*

Some researchers perceived that although there was some representation in other aspects of primary care, such as the health workforce, patient and public engagement groups and membership of editorial boards of primary care journals, this was not replicated in academic primary care. Many reported difficulty identifying Black colleagues within their departments, with estimates ranging from none to only a small handful. One researcher noted that simply noticing another Black researcher at academic conferences underscored the extent of underrepresentation.

"So, if I work as a researcher, if I'm at a conference or something and I see Black people, I notice, it's a notable thing, you know? That in itself says something, that if you're noticing that, it must mean that it's not the norm." P09 (R)

However, respondents valued the merits of diversity and the need for representation within primary care research. For one leader, diversity was a vital component of research teams:

"Our patients are hugely diverse. So for those reasons, to make our research meaningful, translatable, generalisable, appropriate, we've got to do research with these individuals, and I think that diversity should be reflected by who we have doing research. I think it's really healthy working in a team with that diversity around you, because we all have blind spots. Whether that's being someone from an ethnic background, or being a woman, or being of a certain age, or being a clinician or not a clinician, I know that when I work within a diverse team or a multi-disciplinary team and there's diversity within the team along those lines of those demographics, the team is less likely to be naïve and have those kind of blind spots." P022 (SL)

Barriers to career progression and representation

Wider structural and systemic barriers

Respondents described wider structural and systemic barriers faced by people of Black heritage in the UK and how these feed into the education system. Some respondents spoke about how inequities such as socio-economic challenges and disparities in access, such as funding constraints, impact the uptake of higher education opportunities for students of Black heritage. Other respondents pointed to the historical mistreatment of Black communities in the UK and elsewhere, and how this has fostered mistrust of systems and structures such as higher education institutions, among these communities.

"I mean if you think about the challenges we had with COVID and vaccines and things like that which are stemming back to history and interactions between Black communities and research and researchers, there is a lot of loaded history there. I don't know if that has any impact - it certainly has an impact on research participation - whether it has an impact on people taking that on as a career, I don't know. I just think if your parents are very sceptical of research in general because of their experience, would they be encouraging you in going down that route?" P011 (R)

Racism and discrimination

Respondents perceived racism and discrimination at various career stages contributed to the low representation of researchers of Black heritage in academic primary care. Some researchers reflected on their own experiences, discussing the impact of race-based discrimination and intersecting factors, including gender and colourism. For example, one researcher discussed how microaggressions, including certain racist stereotypes about Black women, may impact how accepted people are by their peers.

> *"In the younger days, it was mainly individuals and it's not they've used actual racist language but in terms of a whole lot of other ways, maybe not greeting you or not being included in things, really subtle ways it's being done which is even more harmful than more overt ways because when it's overt, you can call it out. I suspect certainly since I've been in [institution], there's been some senior individuals who may not be racist as such but they're not exactly practising equal opportunities, so they've got their favourites and their favourites happen to be people who are like them, and that's one of the things about academia, people tend to prefer people like them so if all your seniors are mainly White males, they're going to prefer people like them who are not going to include Black people or women either." P09 (R)*

Use of racist language with attendant discomfort and potential learning featured in another account:

> *"… I was feeding back on the results of this study and we had a good chat afterwards and the male GP used the expression, "nigger in the wood pile."… I just thought, "okay, this is just really idiotic" and what was really interesting, maybe two months later, this GP rings me, I said "What would you like to talk to me about?" and he said, "I was chatting to my colleagues and they told me that I need to make an apology," I said, "What do you need to apologise for?", and he said, "I used the expression 'nigger in the woodpile' and I've been told by my colleagues that this is racist language and I shouldn't be using it." I said "Yeah, that isn't really language you should be using,…" P09 (R)*

Another researcher suggested that racism begins at an early stage, influencing the number of researchers entering academia in the first place.

> *"Again, when I use the word "racism," I don't mean racism in terms of people discriminating. It's pretty much the fact that I think generally when you're starting from the basic level, Black people don't get equal opportunity anyway in terms of education." P018 (R)*

One researcher talked about how colourism can affect perceptions of Black researchers, with fair-skinned individuals viewed more favourably than those with deeper skin tones. Being overlooked for opportunities was discussed among researchers, impacting career progression and was often attributed

to racism, stereotypes, and misconceptions about Black people. Others perceived that subtle racism, together with overt hierarchies present in medicine and academia, makes it difficult to achieve adequate representation.

> *"I think academia is very hierarchical and I also think that medicine is very hierarchical as well and if you combine those two together, it's very difficult. And of course, there is racism as well and the funny thing is, there doesn't have to be that much racism for it to be problematic, even if only a small percentage of people are racist, that would be enough to cause an individual problem. So sometimes people may well say, "most people aren't racist," but that's not the point, it only takes a small fraction of people before that starts to have an impact on your career." P09 (R)*

Researchers expressed hesitancy in reporting racism, fearing potential repercussions for their careers. Specifically, one researcher emphasised that their relative seniority enables them to address instances of racism but highlighted that this may be difficult for early-career researchers on fixed-term contracts.

Academic systems, structure and culture

All respondents discussed the role of academic systems, structures, and culture and their effects on the representation of minoritised groups in general, and the career progression of researchers of Black heritage in particular. Respondents discussed how perceptions of academic careers and higher education for and among Black people may impact the pursuit of these career paths. Some respondents also suggested that academic careers were seen as being for White people and universities as White establishments. For instance, some respondents suggested prevailing stereotypes may influence perceptions of career paths deemed appropriate for individuals of Black heritage, despite the potential inaccuracy of such assumptions.

> *"... if I was to think of a stereotypical academic, they wouldn't be Black. If I was to think of a stereotypical Black person as portrayed in the media, they wouldn't be an academic..." P017 (R)*

> *"... I think the idea of going to university in itself, even as a student, wasn't very big in the Black community until more recently and I think until more recently it's been a little bit more accepted. So that's one thing, just going to university. But then the idea of actually being a lecturer, I think again no one really talks about it. I think people look at a lot of universities as a White man's establishment..." P06 (R)*

Academia was perceived by respondents as highly competitive, with unwritten rules that needed to be understood by researchers. However, respondents bemoaned the absence of formal training or support available on what these rules were and how to navigate the academic system. As well as this, there

were perceptions that academia was based on a 'who you know' culture and was often quite hierarchical.

There was some agreement that underrepresentation could be a consequence of inadequate recruitment and promotion practices in academia. Some respondents noted that a lack of diversity on interview panels, combined with few applications from early career researchers, create conditions that hinder the inclusion of researchers of Black heritage in senior roles.

> *"…but we actually have a real issue with trying to get men on panels, and we have a real problem with trying to get people who are non-White on panels because there just aren't enough people, and it becomes this issue where you don't want people just because of their ethnic background to end up having to do all the work. It seems really unfair." P015 (SL)*

Respondents indicated that employment structures, particularly short-term contracts and roles dependent on research funding, compounded by decreasing resources, made it harder for researchers of Black heritage seeking to enter academic careers, including academic primary care. Another respondent mentioned that recruiters and employers may make assumptions about researchers of Black heritage, believing the latter may feel a sense of not belonging in certain spaces in academia. For this respondent, having a supportive team that recognised their professional experience as equivalent to a certain level in the rigid academic structure was helpful for their career progression.

> *"When I joined [institution], it was... a postdoc role but I don't have a PhD. I'm only studying for my PhD now and a lot of that came down to I think a handful of people having a lot of faith in me. Because I knew I could do the job, I think one of the things I want to actually say for this interview, there's a lot of talk about imposter syndrome, I think that is a real thing, it can be a real thing but I think a lot of the time, I can only just speak for myself, for me I think sometimes just overstating and there's an assumption that we will feel as though we don't belong in certain spaces.*
> *When I got my role at [institution], I knew I would be great at the role, I didn't have imposter syndrome but I never thought to apply for it because it was a postdoc role and I didn't have a PhD so I was encouraged to apply for it and strongly encouraged and I was hesitant but only because of the qualification, not because I didn't think I deserved to be in the space."*
> *P019 (R)*

International experience

Non-UK researchers of Black heritage mentioned how their international experience posed a challenge for career advancement in academic primary care. Some respondents expressed thoughts of stagnated career progression due to an inability to establish networks within their research fields, as well as appreciating cultural differences compared to other colleagues trained in the UK. Other international

researchers discussed how navigating academic culture as well as a new place, country, and culture was challenging, with little or no signposting to available support systems.

> *"… the number of people that you could speak to about your deeper experiences [cultural differences, work/family life balance, other priorities such as religion] and expect them to understand, wasn't a lot. So, you almost have to blend in and forget what you're experiencing and try to fit in, if you want." P011 (R)*

Senior leaders of academic primary care and researchers of Black heritage both discussed specific challenges faced by international researchers pertaining to visa regulations governing their ability to live and work in the UK. International researchers reflected on their personal experiences of the UK visa system, highlighting its complex, stressful, and expensive nature, which hindered their career progression in academic primary care. One researcher shared their colleague's experience, who left academia altogether to take up a visa-sponsored caring role. These structural issues highlight the potential role of intersectionality between ethnicity and socio-economic challenges, posing a barrier to academic success for researchers of Black heritage.

Individual-level psychological factors

Researchers talked about individual-level psychological factors which were perceived as barriers to career progression. These included imposter syndrome, self-limiting beliefs, and low confidence, among others. Additionally, researchers highlighted that feelings of being overwhelmed, which occurred with slow or stagnated career progression or when things did not go as planned, were also barriers to career progression.

Nonetheless, other respondents also expressed personal concerns about tokenistic representation, which may occur when strategies to improve representation are not carefully and contextually implemented. On discussing recent strategies to increase representation of minoritised groups in research, some respondents stated:

> *"I don't want to progress in my career and be positively advantaged based on my ethnicity. I want to progress not because I'm Black or I'm [respondent's sex/gender], I want to progress because I am a good candidate, or I am one of the best candidates that have applied." P07 (R)*

"And with initiatives as well, to give context to why these initiatives occur, I think the biggest thing that we're now also seeing is that some people will be like, oh, now you're only trying to recruit Black people, and they will try to demonise initiatives to get Black people involved in different things, or not even Black people, just ethnic minorities.

And because of that, now there's a discourse of, oh, these people don't deserve these opportunities. They're just doing it just so you're a statistic kind of thing. I think you need to also be able to actually justify these initiatives so that basically no one who's been accepted on these things, on these projects, is thinking, oh you've only accepted me because you need to fill a quota, but you've actually done it because I actually am perfect for this job, but then it's an added bonus that I will also bring in diversity and inclusion, x, y, and z. I think you need to also work on that front as well." P06 (R)

Such tokenism may limit the number of researchers of Black heritage who put themselves forward for roles intended to fill ethnicity quotas. To add to the perception of low numbers, one respondent also thought that researchers of Black heritage may hesitate to put themselves forward for senior positions, not because they are unqualified, but because *"... they are not daring enough. P012 (R)"*

Facilitators of representation and career progression

The above barriers notwithstanding, respondents perceived that there were specific measures which had been or could be employed to improve the representation and career progression of researchers of Black heritage.

Tailored training and support

Leaders perceived that upstream underrepresentation in the talent pool meant low representation in academic primary care. Thus, respondents suggested that a learning and development pathway for Black communities into higher education, medicine, and primary care would facilitate representation. Respondents further suggested that pre-interview support could improve representation in the pipeline by enabling early career researchers of Black heritage to better evidence their skillsets with competitive applications.

Respondents also suggested that researchers from minoritised groups could benefit from better signposting or advertising of support available to researchers within their institutions. They acknowledged that some initiatives for minoritised groups were available, but being unaware of them meant these initiatives were inaccessible. Other respondents referred to training and support for promotions, which could facilitate career progression. For instance, one respondent said:

"Yes, and there is no direction as to how do you move this forward by yourself. Because you're working in a new space, you don't know how things work and let me tell you, the shock was that I even talked about promotion and what do I need to do? I thought promotion is something somebody does for you. Somebody says, "I want to recommend you for promotion," I never knew that promotion is something that you actually say, "Can I apply for promotion?" and you have to make that application yourself. That's a bit of unwritten rules and codes that somebody coming from that kind of setting, I never knew and nobody ever told me." P04 (R)

Respondents also identified a need to support international researchers transitioning to working in UK academic institutions to help them navigate academia and UK life. Some respondents suggested that tailored support and training on transferable qualifications and skills, such as from clinical care to academia, would be beneficial, particularly to international medical graduates. Others perceived that support with the immigration process as well as advice on cultural differences and expectations, mainly from other individuals of Black heritage, would be beneficial in aiding these researchers focus more of their time on research work. Of international medical graduates, one respondent gave a good example of what works in other contexts:

"There's some lovely work being done in [name of town] on using social prescribing to help international medical graduates who arrive in the region just to settle as a human being who is in a new place with their family, so, "How do I get a driving license? How do I find somewhere to live? How do I get a bank account?", all those types of things..." P014 (SL)

Furthermore, respondents also identified training needs for current leadership in academic primary care to enable them to appreciate the challenges faced by researchers of Black heritage and to provide supportive structures within their departments. Some of these training needs suggested were on racism, discrimination, and inequities.

Leadership facilitators

The role of leaders was seen as key to facilitating better representation and career progression among researchers of Black heritage in academic primary care. Respondents discussed how it was important to recruit the right leaders, who led by example, were proactive, and created opportunities for junior staff, especially those from minoritised communities. Researchers of Black heritage further shared their own experiences of proactive line managers and leaders who created space for their learning and development through identifying opportunities and helping them to work towards progressing in their careers.

"I think the thing that's encouraging within my research group is that there has been clear career progression so I've been there …, this April will make it four years and I've seen different people including myself who have progressed through. … I have codirectors, two leads they're very keen to show different leadership tracks specifically." P019 (R)

Some respondents also discussed opportunities for the development of leadership skills through initiatives, such as shadowing. Shadowing, they suggested, would expose researchers to the day-to-day running of primary care departments, helping to provide practical experience.

"More practical experience, okay, so get someone, "Come and sit on the board, come and shadow, come with me, sit on the board," and then an opportunity to ask questions afterwards and say - maybe for instance if there's a board meeting, you get someone of lower cadre, they attend but there's also that informal conversation afterwards, because most likely they're going to be quiet all through the meeting. They're shadowing, it's their first experience but there has to some form of informal conversations, maybe on the way home, to say, "How did you find that?" and in a very free atmosphere that you feel that you're not judged, you're not being measured at that point in time, it's just really an honest feedback, an honest understanding of the system and what it means, that kind of thing. For me, that would be really, really more helpful. An insight into daily lives and daily activities and the roles, the responsibilities that are being undertaken as part of being in a leadership role. People coming behind, people of Black heritage, need to have an understanding and an insight into those roles." P04 (R)

For racism, respondents also called for improved processes for investigating incidents across academia, along with mechanisms for independent reviews and accountability for leaders and organisations.

"Anybody who's a racist knows they can do whatever they like and there will not be repercussions and so that's a change that needs to happen…

… and maybe even the independence has to be independent from the university because I think the problems have been going on for so long that clearly, the individual organisations can't sort it out themselves. I think actually it needs to be an outside body, actually somebody needs to be pulled in who's outside the university, has got nothing to do with it and actually, at least gets to the roots of what the problem actually is, even if that person hasn't got any power to hire and fire, they still have the power to write a report about what they think and if that report is circulated, then everybody can see what that external person has said." P09 (R)

Networking, mentorship and coaching

Respondents stressed the importance of networking, both with senior academics and peers, as a key factor in career progression within academia in general and academic primary care specifically, across levels. Most respondents shared their experiences of networking and how they often found it challenging, but persevered and gained value from connecting with other researchers in their field. Also, respondents reflected on networking with other researchers of colour, and perceived value in connecting over shared identity and experience of belonging to minoritised groups. Respondents expressed that having a safe space to discuss associated challenges and to learn from others who have successfully navigated academia despite these challenges would facilitate career progression.

Mentoring and coaching were highly valued by researchers of Black heritage. The researchers who had sought out mentorship talked highly of its value and how it helped them to navigate the system, explore opportunities, and progress in their careers. However, some highlighted that researchers of Black heritage and other minoritised researchers who are mentoring and supporting junior colleagues may be overworked.

> *"One of the things that I'm very conscious of, of the Black female academics that I get guidance from, they seem really overworked because all of us Black junior researchers are, "Hi, can I get some support from you?" and I think that also feeds into the additional work that's being done. It's not just making a research study successful; it's also trying to support more junior people." P019 (R)*

Researchers also highlighted that it was important that mentoring schemes were not treated as tokenistic or 'tick box' exercises. Instead, they need to be carefully designed to meet the needs of those involved (both from mentor and mentee perspectives). Many also discussed challenges in finding mentors, particularly ones who understood the specific barriers they were navigating.

> *"I know some Black people might feel more comfortable sharing with somebody who looks a bit more like them, so making sure that any Black senior researchers are available to be mentors and really do try and support people. I know people are so busy but we need to make sure that we are sharing knowledge and supporting each other and I think that's something that is quite difficult sometimes in the community, everybody is for their own, but that's not just Black people, it's everyone." P03 (R)*

Others highlighted the importance of matching mentees with mentors who understand their experiences, highlighting that the mentor need not be an ethnic minority:

"... if you want to support people by providing mentoring, coaching, it starts on the basis that first of all you match people with people who get it. They don't have to be ethnic minorities, but it's people who understand what it is you're after, what it is you're navigating, the things you're dealing with." P010 (R)

Some respondents also referred to gaps in accessibility and consistency of mentoring schemes, particularly for early-career researchers.

"I think the other key thing would be proper mentorship or aligning, like it would be nice to have a mentor who is from my origin or ethnic background, where possible. I think the SPCR has a couple of those schemes, but they're not as, not consistent but they're not very accessible, especially for someone at my stage of the career. I think from early career fellowships, then that's accessible." P02 (R)

Learning from other disciplines or institutions

Leaders in academic primary care discussed how other regions across the country and other disciplines, including medicine and nursing, appear to have better representation of researchers of Black heritage (and other ethnic minority groups) across all levels, with more recent increases in diversity at leadership levels. Respondents of Black heritage described the approaches taken by different institutions to support researchers from minoritised groups to apply for career progression opportunities, such as funding or leadership programmes. A commonly cited funding stream from minoritised researchers was the Wellcome Accelerator programme, which focused on the development of researchers from Black, Pakistani and Bangladeshi heritage. Respondents suggested setting up similar targeted funding calls may be one way to improve representation in academic primary care. However, most respondents of Black heritage emphasised how such funding should be meritorious rather than tokenistic.

Visible role models

All respondents emphasised the importance of having visible Black role models in primary care, which was considered crucial in attracting more researchers of Black heritage into academic primary care.

"... to have someone there, there has to be support... the system supports that inclusivity and then someone is there ... serving as a trailblazer or a role model for others... but if they don't see ... people they think, "Oh, I can never be there," then they will turn around and think ... Even though, I'm not sure, if there's any evidence preventing people from being there, but from not seeing anyone there, then they will think, "Oh, it's a no-go area, I shouldn't waste my time, I shall go to other areas." P021 (R)

Respondents also perceived that sharing success stories and experiences, as well as accounts of how research leaders of Black heritage overcame challenges that predominantly affect Black academics, were powerful motivators for junior researchers.

RECOMMENDATIONS

Some of the experiences shared here, such as finding a mentor, having a supportive team or being on fixed-term contracts, are not unique to researchers of Black heritage. The research landscape is particularly challenging for many early and some mid-career researchers. However, researchers of Black heritage also encounter discrimination, cultural and societal pressures, immigration challenges, and familial pressures, among others, which compound these issues further. This research illustrates how people of Black heritage may be unwittingly disadvantaged if insufficient attention is given to their career trajectories. International researchers may not have the social ties their colleagues may have harnessed over their research careers. UK researchers of Black heritage may come from communities that harbour mistrust toward research institutions. These factors may further restrict their exposure to societal influences that will support successful navigation of the academic primary care landscape. Nonetheless, it is imperative to encourage more individuals of Black heritage to pursue research careers in order to strengthen primary care in the UK (10). Furthermore, the expertise and lived experiences of researchers of Black heritage could be leveraged to inform contextual, community-based primary care strategies, particularly as the NHS strives to implement its 10-year plan and the shift from 'hospital-to-community' (11).

Our findings have led to the development of the following recommendations that the NIHR SPCR may employ to address underrepresentation and encourage career progression among researchers of Black heritage. Moreover, these experiences likely highlight challenges that may be relevant to other underrepresented groups in academia, suggesting the wider transferability of these findings in supporting more equitable career progression.

Statistics on Representation

Currently, there is a lack of data to aid academic primary care leadership in assessing and monitoring the extent of underrepresentation across different career stages. SPCR could potentially work with HESA to determine a feasible mechanism for retrieving and analysing data on primary care academics. Such a collaboration would enable obtaining disaggregated information across England that will make researchers less identifiable, as has been demonstrated by other academic specialties such as chemistry (12). Primary care departments could also review their existing staff data on diversity to guide the implementation of support mechanisms for underrepresented groups.

Mentorship

Mentorship is essential to guide researchers of Black heritage in pursuing careers in academic primary care. Both international and UK researchers could benefit from socio-culturally relevant mentorship schemes designed to positively impact career progression. As representation remains low at senior levels, mentors do not necessarily need to be within academic primary care but could be other professors of Black heritage in similar fields, such as nursing, public health, social and clinical care and policy, to name a few.

Sponsorship

A step above mentorship is sponsorship, where the sponsor takes a researcher under their wing and advocates for their career advancement (13). It is seen as a mechanism for intentional serendipity, where the sponsor speaks on behalf of the researcher in spaces the latter would normally not have access to. Unlike mentorship, sponsorship is not for everyone, as the sponsor essentially takes a risk in backing the researcher, putting their own reputation at stake. As such, we recommend strategies where leaders of primary care research sponsor exceptional researchers of Black heritage, increasing their visibility and enabling them to harness opportunities they may not have otherwise.

Equity Advancement

SPCR should consider, both internally and in discussion with wider academic primary care stakeholders, setting appropriate national targets for the appointment of people of Black heritage to more senior academic posts in primary care, including at chair level. This should form part of the anticipated consequences of implementing other recommendations in this report, including developing further mentorship and sponsorship programmes, increasing outreach, leadership training, and career development strategies that are merit-based and inclusive. SPCR could be challenged to have a specialised training programme with a merit-based selection process to support researchers of Black heritage interested in applying for research professorships from institutions such as the NIHR and The Royal Society.

Enhancing interest in (primary care) research

Long-term strategies should also focus on increasing the interest of young people of Black heritage in academia in general and primary care specifically. This would ensure that more people are exposed to an academic career and potentially increase representation within academic primary care. Strategies that could be employed include school visits for researchers of Black heritage to highlight their work and its impact, internships at primary care departments for exceptional secondary school (with particular focus on state schools) students of Black heritage and showcasing work from primary care researchers of Black heritage on NIHR SPCR websites during Black History Month.

SPCR's Undergraduate Student Internship Programme could be leveraged in enhancing interest in primary care, such as has been done by Health Data Research UK (HDR-UK) through their Health Data Science Black Internship Programme. This Programme has been independently reviewed by Advance HE, and seen as successful, as captured in the report *'When opportunity is created, talent flourishes.'* (14).

Training programmes

We recommend the co-design of a tailored training programme for both researchers of Black heritage and senior academic leaders to address systemic inequities and promote equitable career progression. Programmes could include leadership opportunities for researchers of Black heritage across all career stages and training for primary care leaders on bias, discrimination, disparities and equitable recruitment practices, particularly towards Black heritage. Such a programme could be more proactive

in signposting researchers of Black heritage to resources available within the existing university structures, as well as being more targeted in addressing the specific barriers to progression faced by researchers of Black heritage.

Safe space for networking and role modelling

We recommend the co-creation of safe spaces within the research fraternity for researchers of Black heritage. Within these spaces, there could be opportunities for sharing success stories and community building to improve the sense of belonging. Such an avenue could provide the platform for the creation and sharing of profiles of researchers of Black heritage surmounting various challenges and on the path to leadership within academic primary care.

Support programmes

Researchers of Black heritage may benefit from co-designed, bespoke supportive interventions aimed to encourage retention and resilience within academic primary care. We recommend support (including financial support) for international researchers on immigration processes, as well as adjusting to UK systems and culture. There could also be general support for career development, promotion and progression to leadership as well as navigating academic primary care. We recommend, particularly, that this support is spearheaded by members of SPCR, creating a nurturing research environment for researchers of Black heritage.

The SPCR could seek out best practices from other institutions, such as nursing, where representation is close to national averages. Another example of best practice could be how Wellcome identified under-representation through an independent review, leading to a nationally competitive and targeted funding call which awards fellowships to exceptional researchers of specific minoritised ethnic groups (including Black heritage) (3).

To conclude, we recommend that any strategies developed and implemented to improve representation should have co-creation principles at their core. Mechanisms such as open space technology, a simple way for groups of people to think, work, and take action together around a shared concern may be used (15). The SPCR could springboard such strategies by bringing together primary care researchers of Black heritage in a learning collaborative.

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